PTO/SB/08B (02-03)

Substitute for form 1449/PTO	e required to respond to a collection of information unless it contains a valid OMB control number.  Complete if Known			
Constitution of the state of th	Application Number	10/645,808		
INFORMATION DISCLOSURE	Filing Dat	August 21, 2003		
STATEMENT BY APPLICANT	First Named Inventor	Samuel E. McTier		
(Use as many sheets as necessary)	Art Unit	2856		
lose os meny sneeds os necessery	Examiner Name			
Sheet 1 of 1	Attorney Docket Number	1449-0001		

OTHER PRIOR ART-NON PATENT LITERATURE DOCUMENTS								
Examiner Initials*	Cite No.1	Cite Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate) title						
51	1	PT2262 Encoder specification, Princeton Technology, May 1998, 18 pgs.						
SN	Advertisement, "Passive Transport Shut Down, Automatic Leak Detection," LPGAS Magazine, February 2003, p. 9							
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Examiner Signature	5	111/	IU	1	Date	2/4/	7mc
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EXAMINER: Initial If reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 120 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: